

## Defending biomedical authority and regulating the womb as social space: prenatal testing in the Polish press

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## **Defending biomedical authority and regulating the womb as social space:**

### **Prenatal testing in the Polish press**

In 1998-9, a bill to introduce provisions into the Polish criminal code and law on the medical profession 'for the protection of the conceived child from experiments interfering with its development'<sup>i</sup> was debated in the Polish Sejm (lower house of Parliament) and Senate (upper house). Proposed by MP Antoni Szymański of the right-wing political grouping AWS (Solidarity Election Action), this amendment aimed to strengthen the legal protection of the health and life of the 'unborn child'. In particular, the bill proposed access to prenatal testing, specifically, amniocentesis<sup>ii</sup>, be legally permissible in only three cases: when a sibling was 'genetically burdened'; when there was suspicion of a genetic disease which could be treated in the mother's womb and when there was suspicion of the heavy disability of the foetus. The bill included pre-natal tests within the provisions of law relating to medical 'experiments', and excluded access to tests for women aged 35 or over, customarily defined as 'high risk'. Developed without consultation with medical professionals, and accompanied by considerable comment and analysis as well as opinion polling on the issue, this controversial bill passed its second reading in the right-wing dominated Sejm. It was referred to the Senate for amendment, traditionally sympathetic to the 'pro-life' position. However, after consultation with the medical community, the Senate Committees rejected the majority of the bill's provisions. The Sejm accepted the Senate's position, and no limits on access to pre-natal testing were introduced into law. This paper offers an analysis of the ways in which the meaning of prenatal

testing was constructed and communicated through newspaper coverage of this legislative initiative.

The medical profession plays a considerable role in mediating women's access to reproductive healthcare services whilst biomedicine 'holds a status analogous to the that of the established Church in the medieval period' (Ettorre, 2002: 19). However, the terms of this legislative initiative around amniocentesis significantly challenged Polish biomedical knowledge and authority, with the usually silent medical community commenting publicly and vociferously on the bill and politicians unusually muted in their public response.

Although the technology of prenatal testing diffuses geographically, the culture of medical ethics does not similarly diffuse (Rapp, 1999). How the medical ethics governing the relationship between medical professionals and women patients is described, problematised and understood varies according to cultural context. In the course of amniocentesis debates, and reproductive debates in general, 'biomedical discourses transform women's wombs into highly managed social spaces – sites of discourses about 'good' genes, women-as-foetal-incubators, 'good enough' foetal bodies and disability' (Ettorre, 2002: 21).

The majority of studies examine pre-natal testing in geographical areas where abortion is (relatively) easy to access and unpoliticised. Few studies analyse the social meaning and significance of prenatal testing where (legal) abortion is very difficult to obtain, *and* where debate around prenatal testing is 'high key' and politicised. The

relationship between the politicisation of abortion and the politicisation of prenatal testing thus remains poorly understood.

### **Pre-natal testing in pregnancy and foetal healthcare**

The routinisation of pre-natal diagnosis has accompanied the medical professionalisation of pregnancy through which the pregnant body has been increasingly constructed, regulated and disciplined through medical knowledge and management. Across the industrialised world, pregnant women are routinely screened for foetal abnormalities. After screening pregnancies are identified as being 'high' or 'low' risk, with women in high-risk groups referred for additional testing through prenatal diagnosis (ultrasound, amniocentesis, chorionic villus sampling or genetic tests) to ascertain whether the foetus carries the suspected abnormality. Performed at between 16 to 18 weeks gestation in conjunction with ultrasound, to diagnose Down's syndrome, blood type, metabolic and neural problems, amniocentesis<sup>iii</sup> is an invasive procedure which 'involves the insertion of a long thin needle into the pregnant woman's abdomen to withdraw a sample of amniotic fluid, which is then cultured for genetic diagnosis' (Farquhar, 1996: 174). Prenatal testing operates in the language of risks and probabilities: it is risk that has legitimated the widespread diffusion of ultrasound and amniocentesis, as well as the motivation for women to undergo these procedures (Mitchell, 2001). In particular, advanced maternal age is linked to increased risk since 'a higher percentage of women over thirty-five give birth to Down's syndrome babies than women under thirty-five' (Ettorre, 2002: 24). However, prenatal testing cannot eliminate disability: only 10-20% of disabled people have congenital conditions, most of which would not be picked up by screening (Shakespeare, 2006).

The routinisation of prenatal technologies has had specific consequences for women's health care and experiences of pregnancy. Reproductive technology can be both liberating or socially controlling, depending on each particular woman's life experiences and context, while the experience of pre-natal testing is itself socially differentiated (Rapp, 1999). Prenatal testing has institutionalised anxieties about potential foetal impairment, normalising and valorising non-disabled children, whilst simultaneously burdening women who do not produce non-disabled children with the the discourse of shame, of a flaw, mistake or wrongdoing. Moreover, the routinisation of pre-natal technology has enabled the erosion of women's reproductive autonomy, often making women into 'objects of medical care rather than subjects with agency and rational decision-making powers' (Ettorre, 2002: 20). However, debate remains as to the degree to which women experience prenatal technologies as universally oppressive: women are not simply or only victim to prenatal technologies: they 'accept, invoke, and adapt these technologies' for their own use (Farquhar: 1996: 172). Moreover, women can obtain pleasure as well as 'anxiety, frustration, uncertainty, and sadness' from viewing their foetus through ultrasound (Mitchell, 2001: 184).

As part of the routine medical surveillance of pregnancy, its character, quality and progress is now diagnosed and described in relationship with a doctor. The angle of vision centres on the foetus, and women's bodies disappear, whilst the foetus emerges as a 'social person' in its own right (Draper, 2002). Moreover, the foetus has become both a patient in its own right, 'treated' and monitored during the pregnancy and a rights-bearing entity, which Bordo calls a 'super-subject' (Bordo, 1993:71). For example, Mitchell notes how ultrasound 'is

sometimes used as a window onto an endangered fetal self or onto a woman whose body or behaviour must be corrected' (Mitchell, 2001: 175). Thus as Ettorre notes, the development of reproductive technologies 'are shaping new values for the standards of reproduction – values to which all pregnant women are told they should conform' in the genetics moral order (Ettorre, 2002: 19).

Both feminists and those writing from a disability studies perspective have much critiqued the stated aim of prenatal screening to offer reproductive 'choices'. Rothman has argued that 'taking the least-awful choice... is experienced as being trapped, caught' while as Ettorre notes, 'choosing' selective abortion may be 'shaped by docility and pain' (Rothman, 1986: 181; Ettorre: 2002: 40). Others have been concerned that prenatal testing diminishes women's choices, since termination following a specific diagnosis is socially expected (Parens & Asch, 1999). Rapp meanwhile notes that in the USA pre-natal counselling minimises differences between women across racial, ethnic, religious and class backgrounds since 'the pregnant woman is counselled as if her choices were individual, unconstrained by larger constellations of kinship and community' (Rapp, 1999: 58). Furthermore, the experience of undergoing amniocentesis is experienced by women not just as a choice but also as a burden because reproductive responsibilities are distributed unequally (*ibid*). Both those writing from a feminist and disability rights perspective have shifted from examining the individual/ised 'choices' women make, towards examining the social contexts within which such decisions are made (McLaughlin, 2003).

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Selective abortion asks pregnant women to experience 'tentative' pregnancies which cannot be confirmed until the foetus has been pronounced healthy and 'normal' (Rothman, 1986). Given that few of the disorders identified through prenatal testing are curable, most foetuses with abnormalities are terminated: prenatal testing is only possible 'when enrolled by and through legal access to abortion' (Rapp, 1999:33). These are among the most socially acceptable abortions in the USA, UK and Polish contexts. They require that pregnant women play a 'gatekeeper role,' making moral and social judgments about 'who is fit to be born' (*ibid.*). However, given that prenatal screening aims to 'to reduce the numbers of children born with disabilities', commentators have noted its connectedness to eugenics as well as the possibility that it logically discriminates against disabled people, either directly or indirectly (Santalahti et al, 2001: 112; see also Sharp & Earle, 2002). What remains central to both feminist and disability rights positions is that the meaning of choice must be questioned, and the contexts which shape selective abortion decisions must be explored (McLaughlin, 2003).

### **Reproductive politics and healthcare in Poland**

Despite having real and material effects on women's lives, postcommunist abortion debates across East Central Europe are debates about the nature of democracy and the character of the nation-state (Gal and Kligman, 2000: 30). In the Polish context, which has been marked by the influence of the Roman Catholic Church, the terms of abortion debate have addressed the proper shape of the postcommunist nation-state, gendered citizens, civil society and the legitimacy of political authority (reference; reference; reference). Reproductive politics continues to inform the Polish political agenda, closely reported by the

press and wider media. Abortion law has changed three times in Poland since 1989<sup>iv</sup> with access restricted in 1993 to allow for abortions in four situations: irreparable damage to the foetus; endangerment to the health or life of the pregnant woman; or if pregnancy resulted from rape or incest. Abortion law was liberalised in 1996 to allow for abortions on social grounds. With the liberalised law found 'unconstitutional' by the Constitutional Court, the 1993 'anti-abortion' law was re-introduced in 1997. It remains extremely difficult to obtain an abortion legally with doctors often refusing to refer women on grounds of 'conscience' (reference). Despite the operation of a restrictive law by European standards, pro-life movements are also still very much mobilised and campaign to further restrict access to abortion.

With the exception of debate around the use of the 'conscience clause' in 1997 (reference), and in contrast to abortion debate in the UK and USA, medical professionals have been rarely visible as 'subjects' of and 'authorities' on, abortion debate in the Polish context (reference). In the early nineties gynaecologists were stigmatised and 'isolated within the medical community', constructed as financial beneficiaries of liberal abortion law and complicit with the 'annihilation' of the Polish nation under state socialism when abortion was available on demand (Nowicka, 2000). In this context it is unsurprising that medical professionals have, by and large, been unwilling to speak in favour of abortion liberalisation. Meanwhile, the rights of pregnant women to receive healthcare is seen as a lesser right and of lower value than the right to life of a foetus (or 'conceived child') in Poland by both the medical and the legal establishment. This is manifest explicitly in the pro-life 1991 Code of Medical Ethics, which states that



foetal genetic defects are not considered sufficient justification for an abortion and the 1997 Constitutional ruling which states: ‘the need to limit the rights of the pregnant woman’<sup>v</sup>.

Although the 1993 ‘anti-abortion’ law is designed to ensure free access to information and prenatal tests, in practice access is seriously restricted. Doctors refuse to send patients for tests even in the case of clear medical indications either because of a lack of knowledge, the high cost of the tests, or because prenatal tests are associated with abortion (Nowicka, 2008). Moreover, a doctor’s decision cannot be appealed by a patient, but can only be challenged through the courts. Disciplinary proceedings by the medical chambers are relatively weak (Bodnar, 2008) and the doctor-patient relationship is characterised by poor communication and hierarchalism. Additionally, within the ob/gyn community the majority view towards prenatal testing was conservative, with ‘emotional rather than scientific arguments’ predominating and, in common with Polish abortion debate, the ‘language used is extremely ideologized’ (Domaradzka, 2008: 66).

### **Pre-natal testing in the Polish press**

I have chosen to focus on press coverage of prenatal testing since the pluralistic, free market Polish media has played a central role in Polish reproductive politics (Zielińska, 2000). The popular media is a key forum through which ‘contemporary anxieties about reproduction’ are raised, at once both disseminating information and ‘recruit[ing] subjects’ identifications with users or providers’ (Farquhar, 1996: 3). In analysing broadsheet coverage of the prenatal testing debate, this paper analyses a key site through which the social

meaning and consequences of prenatal testing in the Polish context is articulated and contested, at a moment in which the future of prenatal testing seems uncertain and biomedical authority and knowledge is being challenged in the Polish Parliament. This contributes to the understanding of prenatal practices, and prenatal politics, as both globalised and localised (Rapp, 1999).

This paper proceeds from the understanding that newspaper reportage constructs as well as reflects social reality, that it is 'both partial and ideological' (reference). Using a critical discourse analysis methodology, this paper analyses the values explicit in the coverage of prenatal testing. In this debate, the medical community appear as key commentators and meaning-makers where earlier debate is almost exclusively focused on the party political dimension of abortion. Thus this paper investigates how journalists and expert commentators, specifically including experts in reproductive genetics as well as the medical community more widely, 'articulate, construct and reproduce their positions of authority' as 'interpreters of genetic knowledge' in their role as 'educators, surveillors and storytellers' (Ettorre: 2002: 124). In particular, it poses the questions: who are 'legitimate' authorities on pre-natal testing and what kinds of professional identities are constructed by, and for, the medical profession?

Second, the paper examines the relationship between foetus, pregnant woman and doctor. Mitchell notes that ultrasound, and I would contend, other forms of prenatal testing, do not simply distance or separate pregnant and foetus, rather 'it comes to be seen as vital to the process of reconnecting the two, and as a site for instructing women about their "proper" relationship to this new individual'

(Mitchell, 2001). Thus, the paper poses the questions, first, what meanings purposes, benefits and/or risks are attributed to pre-natal testing, for the foetus, and for the pregnant woman, and what role is assigned to the medical professional in mediating between woman and foetus?

This paper examines coverage of pre-natal testing in the most widely read opinion-forming national broadsheet: *Gazeta Wyborcza* (centre-left). Originally part of the Solidarity movement, *Gazeta Wyborcza* is now part owned by the US media company Cox Communications. It has the highest circulation of any non-tabloid newspaper at around 600,000, representing about 17 per cent of the dailies readership market<sup>vi</sup>. Given its political outlook, this newspaper covered the amniocentesis debate in the most detail, soliciting a variety of (critical) expert opinions, offering numerous opinion pieces on the topic and reporting the issue in depth over a number of weeks. In contrast, coverage in *Rzeczpospolita*, the other leading opinion-forming national broadsheet, had few articles on the issue and limited non-news content. What this coverage cannot capture however is the response in the right wing, pro-Catholic and pro-life press, or the tabloid press, which is likely to have treated the issue both in less depth, and in a more sensationalist manner.

From November 1997 to October 1999, a total of thirty-two articles are devoted to coverage of pre-natal testing in *Gazeta Wyborcza*<sup>vii</sup>. Coverage is most intense during the legislation's passage through the Sejm and Senate with twenty-six articles in this period. Pre-natal testing is front-page news three times, with extended weekend reports after each stage of the legislative process. As well as

featuring as national news items, the issue is also reported in relation to scientific issues, three times as theme of the day (where expert opinion is solicited), twice in the women's supplement *Wysokie Obcasy*, once in the Health section, and once as a letter. It more rarely appears in the opinion sections, and is usually raised in relation to the progress of the bill through the Polish Parliament.

Various constituencies are mobilised to comment on the issue. This includes individuals drawn from the medical community, most commonly high-profile geneticists (for example, directors of research institutes), psychologists, ob/gyn specialists, together with academic institutions such as the Polish Academy of Sciences; Parliamentary Deputies and Senators, particularly those most allied to the legislative initiative, or those most likely to oppose it; women's and feminist groups, including the Liga Kobiet and the Federation for Women and Family Planning; the legal community; disabled groups; and lastly, public opinion. There is consistent slippage between the following terms in the coverage: woman and mother; foetus and conceived child; mother and parents, evidencing the pro-life capture of the terms of debate.

### **Defending biomedical authority and knowledge**

Throughout the coverage of the pre-natal testing debate, the Sejm is described both in opinion articles and by expert commentators, as over-reaching its remit, particularly since it has attempted to legislate on matters in which it is not expert. In particular, it is described as not competent to decide on the issue without medical consultation (Borkowska, 22-23/5/1999; *Gazeta Wyborcza*, 19-

20/6/1999a). In an opinion piece, Deputies are described as not possessing the relevant qualities and characteristics to understand the issue, being unable to appreciate the human dimension of pre-natal testing in a comparable manner to medical professionals, because 'they are unable to identify with the situation of people touched with genetic problems' (Martens, 05-06/6/1999).

Meanwhile, the authority and status of the Sejm is brought into question: 'Stop rummaging around with pre-natal tests, leave this to the calmness of medical ethics, and apply its main principle: above all, do not do harm!' (*Gazeta Wyborcza*, 22/06/1999). This opinion piece suggests that politicians supporting the bill neglected their primary responsibilities while acting in grubby self-interest, contra doctors' responsibility to act in their patients' best interests. Further, the bill is reported to 'undermine society's trust in medical expertise' by Izabela Jaruga-Nowacka, spokesperson of the League of Women and Vice-President of the Labour Union (Boratyn, 02-03/6/1999), who oppose the legislative initiative. Given that a 'storm of protest' against the bill by relevant and eminent professional associations is reported in great detail (*Gazeta Wyborcza*, 09/7/1999b), the amniocentesis bill is clearly interpreted as an attack on the medical profession, and on the status of scientific knowledge and authority itself.

The reduction of access to prenatal tests solicited in the amniocentesis bill is identified throughout the coverage as the next logical step to reduce numbers of legal abortions by the ongoing and active pro-life movement, which had recently been successful in overturning the 1996 liberalisation of abortion amendment using the

Constitutional Court. Typical of coverage at other times where abortion debate comes to the fore, several Deputies associated with liberalisation attempts label the debate 'ideological' or 'without practical meaning' (*Gazeta Wyborcza*, 19-20/6/1999). Here, in common with many commentators, reference is made to the influence of the Roman Catholic Church in determining abortion policy (Kramer, 2005; Kulczycki, 1995; Millard, 1995; Titkow, 1994). However, contrary to previous media coverage of abortion and related issues, during coverage of the amniocentesis debate, most expert opinion and commentary derives from the medical community rather than politicians and lawyers, while Church spokespersons are conspicuous by their absence.

The amniocentesis bill is also itself repeatedly denounced as inappropriate and unnecessary in terms of improving healthcare. The bill's authors reportedly claim that the formal criteria for determining access to tests use the same criteria as doctors employ (*Gazeta Wyborcza*, 22-23/5/1999a), that the bill simply formalises procedures in law and therefore does no harm. However, the bill is described throughout the coverage as removing responsibility for prenatal tests from doctors: hence the point is repeatedly made that only doctors have the right to decide who should have access to pre-natal tests (Borkowska, 22-23/5/1999; Mossakowski, 02-03/6/1999; *Gazeta Wyborcza*, 27/5/1999).

### **The consequences for reproductive healthcare**

Several articles note that genetics clinics are already largely empty (Kozerańska, 23/02/1999), that access to pre-natal tests is already very difficult because of doctors and women being ignorant and little money available (Cichocka, 10-

11/7/1999). The bill is thus also criticised for making obstetricians and gynaecologists even more unwilling to refer women for pre-natal tests (*Gazeta Wyborcza*, 11/6/1999; *Gazeta Wyborcza*, 19-20/6/1999; *Gazeta Wyborcza*, 22/06/1999), as doctors might incur some risk when referring high-risk women for pre-natal tests (*Gazeta Wyborcza*, 09/7/1999b).

Many Polish doctors have utilised the so-called 'conscience clause' to refuse to refer women for an abortion even though they are ethically obliged to. The point is frequently made throughout the coverage, both by medical experts and in opinion pieces, that denying access to prenatal tests offers scope for 'manipulation' or an 'alibi' (Martens, 17-18/9/1999) or, as one geneticist puts it, a 'pretext' (*Gazeta Wyborcza*, 09/7/1999b) to justify deployment of the 'conscience clause'. One opinion piece notes:

A certain part of the medical community rejects the referral of patients for pre-natal tests, even in obvious cases... The majority of Deputies who voted for this fatal liberalisation, are perfectly aware of this. (Martens, 05-06/6/1999)

The point being made here is that Deputies are acting in collusion with the vocal and active pro-life section of the medical community to give justification and authority for the 'conscience clause' (reference), and further undermine legal access to abortion for foetal impairment. Thus the bill not only potentially criminalizes doctors, but also further erodes the public image of prenatal tests in the eyes of ob/gyn doctors and potential patients, when such services are already vulnerable, poorly supported and poorly understood.

The potential consequences for medical professionals if the bill is passed are thus differentiated by medical specialisation: ob/gyn doctors may be subject to the force of the law for illegally referring a patient, while geneticists will continue to have ever emptier clinics, and ever fewer patients. One pro-life gynaecologist, founder for the Society for Responsible Parenthood and member of the Catholic Doctors' Association, asserts that defending pre-natal tests and amniocentesis lies in the interest of geneticists as 'they depend on the acquisition of material for research' (Boratyn, 02-03/6/1999). Thus geneticists are argued to be acting in their own self-interest, defending their research projects rather than their patients' interests. However, such a critical viewpoint is encountered only very rarely in the coverage. Additionally, critiques of prenatal testing are only offered by those identified either with the amniocentesis bill or the pro-life movement more generally, while feminist challenges to the form of biomedical authority enshrined in reproductive genetics, for example, are not visible, given the pressing need to protect women's reproductive healthcare options. In such a precarious context, the benefits of pre-natal testing are consistently affirmed.

### **Mapping the relationships between foetus, pregnant woman and doctor**

Given that the issue of abortion is politicised and remains extremely controversial, the point made repeatedly by those in support of pre-natal testing and particularly geneticists, is that they 'save children and prevent abortion' (Boratyn, 02-03/6/1999), aiming not to 'destroy' disabled fetuses but to ensure that they are born into an optimum situation for treatment and care (*Gazeta Wyborcza*, 04/6/1999). Prenatal tests are described as being as in the foetus' best interests, providing or facilitating better foetal healthcare, described rather



as 'care and rehabilitation' for the foetus or baby (Kozerańska, 23/02/1999). The tests are described as preventative medicine, not 'experiments' (Mossakowski, 02-03/6/1999; *Gazeta Wyborcza*, 18/6/1999), enabling corrective 'treatment' (Kozerańska, 23/02/1999; *Gazeta Wyborcza*, 24/5/1999). The majority of medical opinions solicited in the coverage describe prenatal tests as either 'making safe the life of a newborn touched by a genetic defect' or even 'protecting conceived life', hardly medical terminology (Borkowska, 22-23/5/1999). This echoes Domaradzka's findings that in common with Polish abortion debate generally, the language which the Polish ob/gyn community use to talk about prenatal testing is, ideologised and uses emotional language rather than medical terminology (2008).

As I have found elsewhere in relation to the attempt to liberalise abortion law in 1996, abortions are hierarchised according to reason, with abortions on grounds of foetal abnormality cited as 'better reason' for termination than for example, abortion on social grounds<sup>viii</sup>. Doctor Romauld Dębski, head of a Gynaecological-Obstetric Clinic in Warsaw, for example, states starkly: 'I am against the termination of pregnancy on social grounds. That is murder for money. However, pre-natal tests are conducted in order to state whether the foetus is healthy' (Boratyn, 02-03/6/1999). It is important to note timing here: the amniocentesis debate follows the Sejm ratification of the Constitutional Tribunal Ruling that the liberalisation of abortion on social grounds is unconstitutional. In this context, it seems politically expedient to distance pre-natal tests from what is now an illegal activity for which doctors can be prosecuted.

As well as facilitating better foetal healthcare, the importance of prenatal tests is also signalled as enabling women to have better knowledge and information (Mossakowski, 02-03/6/1999; Martens, 05-06/6/1999) 'to make one of the most important decisions' in life (Borkowska, 22-23/5/1999). Pre-natal tests are described as relieving stress (Kozerawska, 23/02/1999), allowing women to prepare psychologically for giving birth to a disabled child (Mossakowski, 02-03/6/1999; Martens, 05-06/6/1999) and providing psychological tranquillity (*Gazeta Wyborcza*, 26/5/1999). Limiting tests is characterised as acting against 'aware motherhood' (Borkowska, 22-23/5/1999), while the bill is argued to discriminate against the poor who cannot pay for tests privately (Martens, 05-06/6/1999). The widespread take-up of prenatal tests globally (Boratyn, 02-03/6/1999) 'all over the civilised world' (*Gazeta Wyborcza*, 26/5/1999) is counter posed with recognition that in the (non-civilised) Polish context, access to pre-natal tests is often refused by medical professionals even when a pregnancy is defined as high risk.

The statistical risk of Down's and other genetic defects increasing with age is noted (Kozerawska, 23/02/1999). Other reasons for genetic conditions are erased, with women's age, and their lack of enthusiasm for having children early consistently advanced as the sole reason for 'defects'. Here, then, not only is it that women's bodies are at fault for causing defects, but women are even biologically 'punished' for choosing to have a family later in life. Women's agency is thus described as ultimately constrained by their biology. Meanwhile, a protesting psychologist notes that limiting women's access to pre-natal tests 'is interference by the state in the private life of the family' (Borkowska, 22-

23/5/1999). The irony here, of course, is that through the restrictive 'anti-abortion law' the Polish state already interferes in the private life of the family: limiting pre-natal tests, had it been successful, would only have continued a pattern already well established.

The mover of the bill reports that the bill's purpose is to reduce the incidence of abortions, as, he argues, pre-natal tests have a eugenic purpose<sup>ix</sup> (Boratyn, 02-03/6/1999). These assertions are repeatedly countered throughout the coverage, both in opinion pieces, by medical opinion and opposition Deputies. First, alongside coverage which describes pre-natal testing as a modern procedure involving cutting-edge technology and techniques, pre-natal tests are also naturalised, de-technologised, and described as simply an extension (and an improvement) of the pregnant woman's body's function. A special report on pre-natal tests explains:

From the moment of fertilisation until three months a spontaneous miscarriage can occur. The woman's body recognises a fault in the pregnancy and makes the decision for untimely/premature birth. The older the woman, the more difficult for nature to diagnose the defect. Pre-natal tests in this way help. (Boratyn, 02- 03/06/1999)

Thus the pre-natal test performs a 'corrective function' in recognising a 'defective' foetus where women's aging bodies are themselves constructed as faulty and defective. The language used here, of faults and defects and corrections, echoes the findings of Mitchell (2001) and Ettorre (2002) that the language of reproductive genetics is not neutral, but is rather shaping a new

moral order where values for the standards of reproduction are being defined through biomedical knowledge and authority. In this passage, it is women's aging bodies which are defined as defective, not-good-enough foetal-incubators.

Tests, so geneticists inform us, are conducted only 'where benefits exceed the risks' (Czech, 15/10/1999) whilst the financial 'cost' of tests is characterised as incomparable to the 'cost' of giving birth to a disabled child (Borkowska, 22-23/5/1999). Here economic labels and relationships are assigned to fetuses, with defective fetuses described 'as prospective, burdensome human beings with a price tag on their heads as well as defective products' (Ettorre: 2002: 21). Meanwhile, the decision to bring up a disabled child is characterised as being women's responsibility, and a heavy responsibility to bear at that (Borkowska, 22-23/05/1999).

There is only one article, a lengthy special report, which refers to disabled rights. Here we learn that disabled organisations are in favour of the tests (Boratyn, 02-03/6/1999) and we learn a little about the position of the disabled in Polish society. For example, we learn from one mother who is expecting a child with Down's and making the decision whether or not to terminate the pregnancy, that the disabled can expect 'mercy' but not much of a 'future' in Polish society (*ibid.*), while the President of the Association for People with Mental Disabilities states that the situation of families with disabled children is 'tragic' as the state provides no extra benefits for the disabled. So the reportage notes that whilst abortions on medical grounds are resisted by the pro-life lobby, no adequate help is allocated to families who do in fact proceed with a pregnancy where a genetic defect is identified or suspected.

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Foetal safety is continually affirmed, with amniocentesis described as ‘relatively safe’ (Borkowska, 22-23/5/1999) for the foetus. Meanwhile, geneticists and the majority of other medical commentators argue that only two to three per cent of tested patients in the high-risk category in fact show abnormalities (Borkowska, 22-23/5/1999). Risk becomes no risk; abnormalities become ‘normal’. ‘Their happiness can’t be described,’ states one geneticist (Kozerawska, 23/02/1999). It is left to the special report to document the ‘seconds of joy destroyed by a dark stain’ when a defect is discovered (Boratyn, 02-03/6/1999). Whilst very rarely, the voices of women who have had pre-natal tests do emerge from the coverage, the taken-for-granted positive estimation of the tests precludes a more detailed analysis of the real costs and dilemmas pre-natal testing poses for women.

In common with coverage of the deployment of the conscience clause by medical professionals in 1997 (reference), in this coverage of debate around pre-natal testing the (gendered) character of the doctor/patient relationship becomes apparent. A heroic masculinised narrative emerges from the coverage, whereby tests are characterised as being ‘for women’s benefit’, and designed to ‘help women’ (Boratyn, 02-03/6/1999), as if they were helpless dependants, rescued from ignorance by the paternalistic medical protagonist. A rather patronising tone towards women suffuses reported medical opinion; geneticists talk of ‘dissuading’ women (as if children) from tests when there is no need (*Gazeta Wyborcza*, 22-23/5/1999a); else describing Polish women as either ‘wise enough’ to agree to tests despite the tone of the pre-natal testing debate or else ‘scared’ to agree to have tests (*Gazeta Wyborcza*, 22-23/5/1999a).

Not only are the benefits of pre-natal tests, both for the foetus, and for women, outlined in detail, but also their measured use, and professional behaviour of the medical community, is consistently emphasised in the coverage. The opinion that pre-natal tests are neither over-used nor abused is pervasive throughout, even expressed by the bill's mover himself. The point is made repeatedly that tests are selective (Borkowska, 22-23/5/1999), that they are only given to a pre-identified high risk group (*ibid.*; *Gazeta Wyborcza*, 22-23/5/1999a), and never available 'on demand' (Czech, 15/10/1999; *Gazeta Wyborcza*, 22-23/5/1999a), with the medical profession operating within the law. This last phrase distances the practice of pre-natal tests from the availability of abortion without restriction and seems to indicate that it is not pregnant women who decide or request to have tests, but rather doctors who 'instruct' women to have them.

## **Conclusion**

As with other moments in Polish abortion debate, in press coverage of the attempt to restrict access to pre-natal tests, public opinion is marshalled against the bill and the competence and authority of the Sejm is brought into question. However, the party political dimension of debate is muted here. In its stead, press coverage shows a significant mobilisation of the medical community in defence of biomedical knowledge, the practice of medicine and in defence of the legal status quo. Throughout the coverage, the meaning of debate is defined in biomedical terms, constructed and contested by medical expertise, which is sometimes divergent, but nonetheless claims the pre-eminence of medical opinion both as

primary definer of the meaning of pre-natal tests and as chief regulator of their accessibility to women.

Why then does the medical profession mobilise in defence of women's access to pre-natal tests when there is no comparable mobilisation in defence of liberal abortion law in 1989-1993, or the liberalised abortion law in 1997? I would argue that the medical community, and in particular geneticists, mobilise against the bill because they see it as reflective of a pro-life initiative building upon the success of the 1997 Constitutional Tribunal Ruling, which in eroding access to abortion, and politicising prenatal tests, impacts negatively upon their professional status. The motivation may thus lie less in a defence of patient interests than in a defence of medical status and authority.

Given that the meaning of prenatal testing is defined in biomedical terms, with little exploration of the social context in which prenatal testing occurs, the (socially differentiated) meaning of the tests for women, or for the disabled community, is rarely considered. There are few opportunities to hear the voice of disabled people and throughout the coverage a rather patronising and paternalist tone is expressed towards women patients by expert medical commentators, whilst women's rights to access pre-natal tests are always described as contingent upon doctors' approval. As with previous coverage around the invocation of the conscience clause in 1997, women's rights as patients hardly feature, while the form of healthcare defended by those supporting prenatal tests is explicitly foetal-centred, rather than shaped by the needs and interests of pregnant women.

Moreover, the language used by medical commentators slips from foetus to 'conceived child', suggesting that the pro-life language of Polish abortion debate, is not only shaping the terms of debate in Polish reproductive politics generally, but is also shaping biomedical knowledge and the form of intervention it can make into Polish reproductive politics. In other words, when the function and purpose of prenatal testing is described as a logical extension of the 'pro-life' desire to safeguard and protect foetal life, it is clear that the status and authority of biomedical knowledge can only be defended by using language and definitions already captured by the Polish pro-life lobby. Thus the terms of the amniocentesis debate, and the social meaning of prenatal testing, is in the Polish context fundamentally shaped by the terms of the abortion debate.

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<sup>i</sup> Poselski project ustawy o zmianie ustawy z dnia 6 czerwca 1997 r. Kodeks karny (druk nr 429, published 17-06-1998).

<sup>ii</sup> Pregnant women in Poland defined as high risk are referred for genetic counselling, and if necessary, techniques of pre-natal diagnosis, including amniocentesis. There is no comparable mass AFP screening programme for Down's and other genetic conditions as in the UK. In 1999, the number of women being referred for pre-natal diagnosis at this time did not total more than a few thousand.

<sup>iii</sup> Estimates of miscarriage resulting from the procedure ranging from 0.5% to 1%.

<sup>iv</sup> Abortion was available virtually on demand under state socialism.

<sup>v</sup> Ruling of 28 May 1997, sign. Act K 26/96.

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<sup>vi</sup> See <http://www.ejc.nl/jr/emland/poland.html>, accessed 5<sup>th</sup> September 2006.

<sup>vii</sup> All translations are my own.

<sup>viii</sup> This echoes Polish public opinion. See Kramer, 2005.

<sup>ix</sup> In Poland sterilisation is illegal.